

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014629

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 338
FILED MAR 20 1963

Primary Registration District No. 4501

Registrar's No. 8

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1030			
21030			
3			
4 0			
5 1			
6 6			
7 6			
8 2			
9331X			
10			
11			
12 90-2			
13 1-0			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bloomfield</u>		c. CITY OR TOWN <u>Bloomfield</u>	
Length of stay in 1b <u>Yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At family home</u>		d. STREET ADDRESS (If outside, give location) <u>Bloomfield</u>	
3. NAME OF DECEASED (Type or print) First <u>Marion</u> Middle <u>Oscar</u> Last <u>Sitz</u>		4. DATE OF DEATH Month <u>Mar</u> Day <u>24</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 27-63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Schoolteacher</u>		11. BIRTHPLACE (City and state or country) <u>Stoddard Co. Missouri</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>G. W. Sitz</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Thrower</u>	
14. NAME OF HUSBAND OR WIFE <u>Bertha Sitz</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT Address <u>Bertha Sitz, Bloomfield, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>medullary paralysis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>anoxia</u> DUE TO (c) <u>cerebral hemorrhage</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arteriosclerosis</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>1:45p.m.</u> Month, Day, Year <u>3-24-63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1:45p.m.</u> to <u>2:30p.m.</u> and last saw her/him alive on <u>3-24-63</u> Death occurred at <u>6:15 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ernest H. Anderson D.O.</u>		22b. ADDRESS <u>19 N. Walnut St., Dexter, Mo.</u>	
22c. DATE SIGNED <u>3-25-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Mar. 26-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove cem.</u>	
23d. LOCATION (City, town, or county) <u>Stoddard Co. Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Chiles Und. Co. Bloomfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-26-63</u>	
26. REGISTRAR'S SIGNATURE <u>Kenio S. Leggett</u>			

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
& by Lulu Cooper # 3499, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ivan C. Cooper

Licensed Embalmer No. 4779

P. O. Address Bloomfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.